Airidament

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with their detailed forms.

Do not use this form to update information.

1. Committee Information						
a. Full Name					c. ID Number	
Committee to Elect Eric Smith						
b. Mailing Address (include City, State and Zip Code)					d. Date Filed	
POBOX 12470					5-18-12	
New Bern, NC 28561					e. Phone Number	
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period I	End Date (mm/dd/yy)	5. Treasure	er Full Name	
2012 5-18-1	12	5-18	3-12	Eric	Vayne Smith	
6. Type of Committee (Check O				type of repo	ort from one category)	
Candidate Campaign Party		[cipal	State/County		Referendum	
		Organizationa			Organizational	
☐ Independent Expenditure ☐ Joint☐ Legal Expense Fund		Thirty-five da			Pre-referendum	
Legal Expense Fund	1=	Pre-primary	First		Final	
7. Type of Fund (if applicable, c		Pre-election Pre-runoff	Seco		Supplemental Final	
7. Type of Fund (if applicable, c Booster Fund			Thir		Annual	
Building Fund		Semi-annual Mid Yea	Four Sami and		Special	
Dununig Fund	H				40 O 1 D 4N	
Other:	IH	Year End Final		Year	10. Special Report Name	
8. Number of Fundraisers this I		Special		r End		
6. Number of Fundraisers this r	ceport	Special	Final			
₩			☐ Special			
11. Account Information 11. Account Information						
a. Financial Institution Full Name			a. Financial Institution	Full Name		
Bank of America						
b. Purpose	c. Account Code		b. Purpose		c. Account Code	
~	1					
A						
Campaign d. Period Begin		Balance			d. Period Begin Balance	
	\$				\$	
CERTIFICATION				ALCOHOL:		
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this						
					nds. I further certify that this	
report is complete, true and correct	and that I have bee	en trained by	the NC State Board of	Elections.		
Exically Smith Que 18 Amonth 5-18-12						
Printed Name of Signer	UTV)	UMC.	nature of Appointed Treas	Wh	/ 	
FOR OFFICE USE ONLY	î	Sigi	nature of Appointed Treas	surer	Date	
FUR OFFICE USE ONL I						
Date Received:		Employ	/ee:		ivery Method	
				2000000	Normal Mail	
Date Postmarked:				Registered Mail		
				Contraction of the Contraction o	Hand Delivered	
Date Scanned:		Employ	/ee:	_	Electronically Filed	
Date Data Entered:	Employ		ee:		Signer has not received mandatory training	
Please Note: This form can	not be used to ar	nand samm	ittaa information aug			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.						
			(CRO-2100A-E) to			
1 ou must amend th	le statement of O	лgamzauon	(CKU-2100A-E) to	make comm	ittee changes.	

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes

No

onetary information	
	3. ID Number
	Total this Election Cycle
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	Total this Reporting Period S S S S S S S S S S S S S S S S S S